STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011478	A. BUILDING _____ B. WING _____	C 11/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CHARM	3177 MERIDIAN PARKE DR GREENWOOD, IN 46142

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for Investigation of Complaint IN00117092. Complaint IN00117092 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: November 8, 9, 2012 Facility Number: 011478 Provider Number: 011478 AIM Number: N/A Survey Team: Patti Allen BSW TC Dinah Jones RN Census Bed Type: : Residential: 91 Total: 91 Census Payor Type: Other: 91 Total: 91 Sample: 4 Country Charm was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00117092. Quality review 11/14/12 by Suzanne Williams, RN	R 000		